LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME:_ _NAIC Company Code:_ _Telephone& Email:___ Contact:
REQUIRED FILINGS IN THE STATE OF:

UTAH Filings Made During the Year 2012

(1)	(2)	(3)	(4)			(5)	(6) FORM	(7) APPLICABLE
Check-list	Line	DECLUDED BY DIGGED BY DIVID A DOLLE OF A BELL	NUMBER OF COPIES*					
	#	REQUIRED FILINGS FOR THE ABOVE STATE	Dome		Foreign	DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"x14")	1	EO	XXX	3/1	NAIC	A,B,E,F,G,H,I,J,K,
								L,M,N
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	XXX	3/1	NAIC	A,B,E,F,J,K,M,N
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	XXX	5/15, 8/15, 11/15	NAIC	A,B,E,F,G,H,I,J,K
								L,N
	3	Separate Accounts Annual Statement (8 ½"x14")	1	EO	XXX	3/1	NAIC	A,B,E,F,G,H,I,J,K,
								L,M,N
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	A,B,E,F,J,K,M,N
	11	Actuarial Certification Related Annuity Nonforfeiture	1	EO	XXX	3/1	Company	A,B,E,F,J,K,M
		Ongoing Compliance for Equity Indexed Annuities						
	12	Actuarial Certifications Related to Hedging require by	1	EO	XXX	3/1	Company	A,B,E,F,J,K,M
		Actuarial Guideline XLIII						
	13	Actuarial Certification Related to Reserves required by	1	EO	XXX	3/1	Company	A,B,E,F,J,K,M
		Actuarial Guideline XLIII						
	14	Actuarial Certification regarding use 2001 Preferred Class	1	EO	XXX	3/1	Company	A,B,E,F,J,K,M
		Table						
	15	Actuarial Opinion	1	EO	XXX	3/1	Company	A,B,E,F,G,I,J,K,N
	16	Actuarial Opinion on X-Factors	1	EO	XXX	3/1	Company	A,B,E,F,J,K,M
	17	Actuarial Opinion on Separate Accounts Funding	1	EO	XXX	3/1	Company	A,B,E,F,J,K,M
		Guaranteed Minimum Benefit						
	18	Actuarial Opinion on Synthetic Guaranteed Investment	1	EO	XXX	3/1	Company	A,B,E,F,J,K,M
		Contracts						
	19	Actuarial Opinion required by Modified Guaranteed	1	EO	XXX	3/1	Company	A,B,E,F,J,K,M
		Annuity Model Regulation						
	20	Analysis of Annuity Operations by Lines of Business	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	21	Analysis of Increase in Annuity Reserves During Year	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	22	Credit Insurance Experience Exhibit	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M,N
	23	Financial Officer Certification Related to Clearly Defined	1	EO	xxx	3/1	Company	A,B,E,F,J,K,M
		Hedging Strategy required by Actuarial Guideline XLIII						
	24	Health Care exhibit (Parts 1,2 and 3) supplement	1	EO	xxx	4/1	NAIC	A,B,E,F,J,K,M
	25	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	A,B,E,F,J,K,M
	26	Interest Sensitive Life Insurance Products Report	1	EO	xxx	4/1	NAIC	A,B,E,F,J,K,M
	27	Investment Risk Interrogatories	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M,N
	28	Life, Health & Annuity Guaranty Assessment Base	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	20	Reconciliation Exhibit		LO	AAA	7/1	TVIIC	71,15,12,17,17,171
	29	Life, Health & Annuity Guaranty Assessment Base	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	2)	Reconciliation Exhibit Adjustment Form		LO	AAA	7/1	TVIIC	71,15,12,17,17,171
	30	Long Term Care Experience Reporting Forms	1	EO	XXX	4/1	NAIC	A,B,E,F,J,K,M
	31	Management Certification that the Valuation Reflects	1	EO	XXX	3/1	Company	A,B,E,F,J,K,M
	31	Management's Intent required by Actuarial Guideline XLIII		LO	AAA	3/1	Company	71,D,L,1,3,11,111
	32	Management Discussion & Analysis	1	EO	XXX	4/1	Company	A,B,E,F,J,K,N
	33	Medicare Supplement Insurance Experience Exhibit	1	EO	XXX	3/1	NAIC	A,B,E,F,J,K,M
	34	Medicare Part D Coverage Supplement	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E,F,J,K,M
	35	Reasonableness of Assumptions Certification required by	1	EO		3/1, 5/15, 8/15, 11/15		A,D,E,F,J,K,M
	33	Actuarial Guideline XXXV	1	EO	XXX	3/1, 3/13,6/13,11/13	Company	
	36	Reasonableness & Consistency of Assumptions	1	EO	VVV	3/1, 5/15,8/15, 11/15	Company	A,B,E,F,J,K,M
	30	Certification required by Actuarial Guideline XXXV	1	EO	XXX	3/1, 3/13,6/13, 11/13	Company	A,D,E,F,J,K,M
	37	Reasonableness of Assumptions Certification for Implied	1	EO	VVV	3/1, 5/15,8/15, 11/15	Company	A,B,E,F,J,K,M
	31	Guaranteed Rate Method required by Actuarial Guideline	1	LO	XXX	5/1, 5/15,0/15, 11/15	Company	A,D,E,F,J,R,WI
		XXXVI					1	
	38	Reasonableness & Consistency of Assumptions	1	EO	xxx	3/1, 5/15,8/15, 11/15	Company	A,B,E,F,J,K,M
	50	Certification required by Actuarial Guideline XXXVI	1	LO	ллл	5/1, 5/15,0/15, 11/15	Company	A,D,E,F,J,R,WI
		(Updated Average Market Value)						
	39	Reasonableness & Consistency of Assumptions	1	EO	XXX	3/1, 5/15,8/15, 11/15	Company	A,B,E,F,J,K,M
		Certification required by Actuarial Guideline XXXVI			AAA	2,1,0,10,0,10,11/10	- Company	,,,. ,,,,,,,,,,
		(Updated Market Value)						
	40	Risk-Based Capital Report	1	EO	XXX	3/1	NAIC	A,B,E,F,G,J,K
	41	RBC Certification required under C-3 Phase I	1	EO	XXX	3/1	Company	A,B,E,F,J,K
	42	RBC Certification required under C-3 Phase II	1	EO	XXX	3/1	Company	A,B,E,F,J,K
	43	Schedule SIS	1	N/A	N/A	3/1	NAIC	A,B,E,F,J,K,M
	44	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	EO	XXX	3/1	Company	A,B,E,F,J,K,M,N
	45	Statement on non-guaranteed elements - Exhibit 5 Int. #3 Statement on par/non-par policies – Exhibit 5 Int. 1&2	1	EO		3/1		
			1		XXX NI/A		Company	A,B,E,F,J,K,M,N
	46	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A,B,E,F,J,K,P
	47	Supplemental Schedule O	1	EO	XXX	3/1	NAIC	A,B,E,F,J,K,M
	48	Trusteed Surplus Statement	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E,F,I,J,K,M,N
	49	Workers' Compensation Carve Out Supplement	1	EO	XXX	3/1	NAIC	A,B,E,F,I.J.K
		THE EXPLORED CAME BY THE RECEIVED THE TENTER						1
		III, ELECTRONIC FILING REQUIREMENTS						
	50	III. ELECTRONIC FILING REQUIREMENTS Annual Statement Electronic Filing	XXX	1	XXX	3/1	NAIC	

	52	Risk-Based Capital Electronic Filing	XXX	1	N/A	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	XXX	1	N/A	3/1	NAIC	
	54	Separate Accounts Electronic Filing	XXX	1	XXX	3/1	NAIC	
	55	Separate Accounts .PDF Filing	XXX	1	xxx	3/1	NAIC	
	56	Supplemental Electronic Filing	XXX	1	xxx	4/1	NAIC	
	57	Supplemental .PDF Filing	XXX	1	XXX	4/1	NAIC	
	58	Quarterly Electronic Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	
	59	Quarterly .PDF Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	
	60	June .PDF Filing	XXX	1	XXX	6/1	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	A,B,E,F,J,N
	72	Audited Financial Reports	1	EO	XXX	6/1	Company	A,B,E,F,J,K,N
	73	Audited Financial Reports Exemption Affidavit		N/A	N/A		Company	A,B,J,N
	74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	A,B,E,F,J,K,M,N
	75	Independent CPA (change)	1	N/A	N/A	Within 5 business days of change	Company	A,B,E,F,J,N
	76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	A,B,E,F,J,K,M,N
	77	Notification of Adverse Financial Condition	1	N/A	N/A	Within 5 business days of receipt	Company	A,B,E,F,N
	78	Request for Exemption to File	1	N/A	N/A		Company	A,B,E,F,J,N
	79	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	A,B,J,N
	80	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	A,B,E,F,J,N
-	81	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	A,B,E,F,J,N
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	0	0	0		State	
	102	Certificate of Deposit	0	0	0		State	
	103	Certificate of Reserve Valuation	0	0	0		State	
	104	Filing Checklist (with Column 1 completed)	1	0	0	3/1	State	
	105	Premium tax (Separate Filing Address)	1	0	1	3/31	State	D
	106	Certificate of Renewal Fees (i.e., State Filing Fees)	1	xxx	1	1/31	State	C
	107	Signed Jurat	XXX	0	XXX		NAIC	L
	108	Utah Accident and Health Survey	1	0	1	4/1	State	0
	109	Holding Company Registration Form B &C	2	0	N/A	5/1	State	A,B,E,F,J,Q

^{*}If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)					
NOTE	TITLE	DESCRIPTION				
A	Required Filings Contact Person:	Dan Applegarth (801) 538-9509 dapplegarth@utah.gov				
В	Mailing Address:	Utah Insurance Department State Office Building, Suite 3110 Salt Lake City, Utah 84114-6901				
С	State Filing Fees:	See the Fee Schedule shown in Utah Administrative Code § R590-102-5. All fees should be mailed to the address shown in Note B above.				
D	Mailing Address for Premium Tax Payments:	Utah State Tax Commission 210 North 1950 West Salt Lake City, Utah 84134				
	Contact Information for Questions Concerning Premium Taxes:	For questions concerning Utah's premium tax, please contact: Kyle Boyer (801) 297-4637 kboyer@utah.gov				
E	Delivery Instructions:	All hardcopy filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.				
F	Late Filings:	Foreign company electronic filings will be deemed filed based on the date received by the NAIC. Domestic hardcopy filings will be deemed filed based on the postmark date. Any actions concerning late filings will				

NOTE	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) TE DESCRIPTION				
		be taken in accordance with Utah Administrative Code § R590-147-5(3) and Utah Code Annotated § 31A-2-308.			
G	Original Signatures:	When signatures are required by the NAIC Annual Statement Instructions, originals are required from domestic insurers. Original signatures are not required of foreign companies unless specifically requested. Rather foreign companies should follow the guidance provided in the NAIC Annual Statement Instructions.			
Н	Signature/Notarization/ Certification:	For domestic insurers only, two of the three principal officers specified by a company's articles of incorporation are required to sign those filings for which NAIC Instructions require principal officers' signatures. All other signatures shall be done in accordance with NAIC requirements. Notarizations and Certifications shall be performed when required by NAIC instructions. Foreign companies are to follow the guidance of the domiciliary regulator and provide evidence of compliance only upon request.			
I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, the same should be followed for any amendment. This guidance applies to domestic companies only. Foreign entities should follow the guidance of their domiciliary regulator.			
J	Extensions to normal due dates:	Requests by foreign companies for extensions for a period of 30 days or less beyond the regular due date are not be required to be sent in providing the domiciliary state has granted the extension and notified the			
	Note: Extensions do not apply to premium taxes and fees	NAIC. Extensions beyond 30 days will require a written request prior to expiration of the initial 30 day period, and evidence of domiciliary approval. Domestic companies should apply for extensions at least 30 days prior to the regular due date.			
K	Bar Codes (State or NAIC):	Not Required.			
L	Signed Jurat Page:	For domestic insurers only, two of the three principal officers specified by a company's articles of incorporation are required to sign. Notarizations and Certifications are also required. Foreign companies are to follow the guidance of the domiciliary regulator and provide evidence of compliance only upon request.			
М	"NONE" Filings:	Filings which state "NONE" across them are not to be filed unless required by the NAIC Annual/Quarterly Statement Instructions.			
N	Foreign Filing Requirements:	All foreign companies and accredited reinsurers that file their NAIC annual statement blank, annual audited financial reports, quarterly financial statements and any supplements related to these documents with the NAIC are exempt from filing a hard copy of these items with the Department. These items should be submitted to the NAIC via electronic media in accordance with the due dates established by the NAIC.			
0	Utah Accident & Health Survey:	All insurers who have accident & health business in Utah are required to file this survey (see http://www.insurance.utah.gov/insurers/AHSurveyInstructions.html for more information). Further questions concerning the survey should be directed towards:			
		Marilyn Thorstensen (801) 538-3241 <u>uid.healthresearch@utah.gov</u> .			
Р	Supplemental Compensation Exhibit:	These filings are required from all domestics. A company wishing to have this information therein treated as "confidential" should consult the Utah Governmental Records Access and Management Act, Title 63G, Chapter 2, and			

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)					
NOTE	TITLE	DESCRIPTION				
		especially Subsections 63G-2-305(1) and 63G-2-				
		305(2), for possible applicability.				
Q	Holding Company Filings	The Form B filing is required on an annual basis from all domestics subject to the Holding Company statutes. In accordance with Utah Code Annotated § 31A-16-109 this form is deemed a confidential filing. Please refer to the attachment of Utah Administrative Code § R590-70 for guidance on the format this filing should take.				
		One hardcopy and one electronic copy in either Word or Adobe Acrobat format (i.e., "doc", "docx", or "pdf" format—with the preference being docx) should be provided for these holding company filings. However, in no case should confidential financial statements that are part of the Form B filing (e.g., confidential CPA reports, reviews, compilations, personal balance sheets or tax returns) be provided as part of the electronic copy. Instead those items should be provided as two hardcopy filings.				

General Instructions For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not

be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The Annual Statement Electronic Filing includes the annual statement data and all supplements due March 1, per the Annual Statement Instructions. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail.

The March .PDF Filing is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The Risk-Based Capital Electronic Filing includes all risk-based capital data.

The *Risk-Based Capital .PDF Filing* is the .pdf file for risk-based capital data.

The Separate Accounts Electronic Filing includes the separate accounts annual statement and investment schedule detail.

The Separate Accounts .PDF Filing is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The *Supplement .PDF Filing* is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The *Quarterly .PDF Filing* is the .pdf for quarterly statement data.

The June .PDF Filing is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail. if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. . Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC Annual Statement Instructions.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.